

PLACE OF BIRTH

1. County of Yuma
 District of San Carlos
 Town of _____
 or _____
 City of _____ No. _____ St. _____ Ward _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 193
 County Registrar No. 9
 Local Registrar No. 4

2. Full name of child Reginald Roy. (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child { To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 6. Legitimate? yes
Male 5. No., in order of birth. _____ 7. Date of birth 1 15 25
 Month Day Year

8. FATHER
 Full name Robert Roy
 9. Residence (Usual place of abode) San Carlos
 If non-resident, give place and state. Ariz
 10. Color or race 1/4 Indian
 11. Age at last birthday 46 (Years)
 12. Birthplace (city or place) San Carlos
 (State or country) Ariz
 13. Occupation General Merchant
 Nature of industry _____

14. MOTHER
 Full maiden name Edith Bullis
 15. Residence (Usual place of abode) San Carlos
 If non-resident, give place and state. Ariz
 16. Color or race 1/4 Indian
 17. Age at last birthday 36 (Years)
 18. Birthplace (city or place) San Carlos
 (State or country) Ariz
 19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother { (a) Born alive and now living 2
 (b) Born alive but now dead 0
 (c) Stillborn 1 }
 (Taken as of time of birth of child herein certified and including this child.)
 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:30 A m. on the date above stated
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. H. Sawyer M.D. (Physician or midwife.)

Address San Carlos, Ariz

Given name added from a supplemental report _____ Filed _____ 19 _____
 Month, day, year

Registrar

Filed 2/6 1925 G. E. Wightman
 County Registrar

998-115-522